

# PUBLIC HEALTH REPORT

**Lester Breslow, M.D., M.P.H.**  
**Director, State Department of Public Health**

SINCE THE ANNUAL influenza surveillance network went into operation the first week of October, and through the middle of February, no influenza activity has been reported in California.

School absenteeism has remained substantially at normal rates of 3 to 8 per cent. So far this season, very few specimens have been received with requests for testing for pneumotropic viruses. And to date there has been no laboratory confirmation of influenza in California.

Some increase of unspecified respiratory infections was noted by physicians in Colusa County during January. Illness rates ascribed to the "flu syndrome" have remained under 4 per cent in the California Medical Facility at Vacaville, and the weekly total admissions to Cowell Memorial Hospital at the University of California, Berkeley, for respiratory infections have remained below 10.

Pneumonia-influenza deaths have remained at or below the epidemic threshold so far this season. Eleven cities report on pneumonia-influenza deaths, and 14 local health departments participate in the surveillance of school and industrial absenteeism.

Thus far the 1967 experience is in sharp contrast to that of the previous influenza season when a widespread and severe epidemic occurred and the number of deaths directly or indirectly related to influenza was the highest since 1960. As observed in previous epidemics, deaths from causes other than pneumonia and influenza were also elevated during the 1965-66 epidemic, reflecting

the well known increased risk of mortality from cardiovascular, renal and other causes during periods of epidemic influenza. Total "excess" pneumonia-influenza deaths—that is, over the normal expectations—in the 11 reporting cities during this epidemic numbered over 320.

The epidemic was severe in its intensity and in the number of persons affected. Statewide the epidemic was short, lasting approximately two and a half months, and came to an end by the first week of April.

\* \* \*

The familiar yellow booklet, "International Certificates of Vaccination," has been revised and the new form went into effect the first of the year. Smallpox, cholera and yellow fever vaccinations recorded on the old form before 1 January will remain valid until the expiration date of the certificate. For example, if the physician vaccinated a traveler against smallpox on 31 December 1966, this certificate is valid for three years.

The new Certificate of Vaccination or Re-vaccination against smallpox now requires the physician to record the origin and batch number of the vaccine.

The Certificate of Vaccination or Re-vaccination against yellow fever was amended to extend the validity from six years to 10. Certificates already issued are automatically extended to be valid for 10 years from the date of vaccination or re-vaccination.

